

# SPRING NEWSLETTER

MAY 2018

*Spring is Finally Here* By Stephanie Amaral, Executive Director



The last couple of months have been very busy for the Tulare County Medical Society. Dr. Jerry Jacobson and I traveled to Washington DC for our federal lobby day and attend the AMA conference. We were able to speak with Congressman Devin Nunes, Congressman David Valadao and Congressman Kevin

McCarthy's staff.

In April we hosted our annual Spring General meeting with a team of speakers from USC to discuss Urology.

Ten of us spent a day in Sacramento for CMA's legislative day where we spoke with our local officials about AB 3087 and how it would devastate health care in California.

At the end of April we enjoyed each others company while sipping on wine carefully selected by Dr. Villard.

I would like to thank everyone who was able to join us at the various events over the last couple of

months.

As we approach the summer months and things start to slow down, many of us will begin taking much needed vacations with our loved ones, please do not hesitate to contact TCMS if you have questions or need anything. We greatly appreciate your membership and are here



2018 ANNUAL WINE SOCIAL AT THE CHINESE CULTURAL CENTER



### UPCOMING EVENTS:

- ◆ High school physicals:
  - May 17, 2018, 12:00pm—3:30pm El Diamante, Golden West
  - May 21, 2018, 2:30pm—6:30pm Exeter Union HS
- ◆ Fall General Meeting, October 18th, 2018—6:00pm Visalia Country Club
- ◆ Holiday Party, December 6th, 2018—Visalia Convention Center

*Advocacy* By Jerry Jacobson, TCMS President



Advocacy, prior to this year, I had no interest in the topic. As the President of TCMS I have gotten two opportunities to participate and learn about advocacy.

The first was a trip to Washington D.C. in February to work with the AMA and CMA speaking with our Congressman. The second was a day trip to Sacramento in April for Legislative Day.

I found both trips educational and enlightening. The officers of CMA are very pleasant, articulate and driven people who took me under their wing and mentored me in speaking with our Congressman. The Congressman and Assembly members were surprisingly approachable and personable.

The approach we learned:

1. Thank the Congressman for his/her time and recent accomplishments. (Be able to name one or

two)

2. Introduce the topics you want to discuss. Then, concisely state your support or opposition and explain that position. Finally, support that position with data or insight into how it would affect physicians.

3. Thoughts and supporting comments from colleagues in the room, fills out the discussion. Then, repeat #2 and #3 for other topics.

4. In closing, thank the Congressman or Assembly member for their time and the opportunity to speak with them.

Both in Washington DC and Sacramento our team would have: 1) A doc to open discussion, outline our position and why; 2) A colleague to add supporting data and thoughts; 3) The closer with comments that support the first two.

Two closing thoughts: First, the state and national lawmakers are interested in only the thoughts of people living in their district. Your topic must be important to those people. We were speaking with a Congressman from an adjacent district and I mentioned

Kaweah Delta and he interrupted and said, "So what is happened with Tulare District Hospital?" Understandable, that's his job. I then wondered how this issue could be rephrased or reframed to be important to more districts. Second, an interesting insight into politics came from an experienced state lawmaker when we were discussing AB 3087 which would limit reimbursement to physicians. The suggestion was to get the names of all the people on the committee who is going to hear this bill. Figure out the names of the doctors for each member. Finally go out and talk with those doctors and ask them to discuss this bill with their patients who are on this committee.



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Spring General Meeting *By Rachelle Yellin*



AT STILLS UNIVERSITY MEDICAL STUDENTS: CHAUDY SOTOUDEH, KHADIJ ASSANI, CHRISTINA LIOU AND RACHELLE YELLIN

For myself, I find that one of the greatest attractions of becoming a physician is the vast amount of unknowns and mysteries yet to be understood. Irrespective of the major and minor discoveries, interventions or drugs continuously made, there will always be new frontiers yet to be explored. Despite our vast knowledge of biological systems, and our ability to effect change in them, this is balanced by the degree of knowledge we do not yet possess.

The Spring General Meeting illuminated this to myself and my fellow AT Still Osteopathic Medical Students. As our class prepares for Part 1 of the National Boards Examination in this upcoming June, we are focused on memorizing

and synthesizing massive amounts of factual information. Although it is important for us to approach this aspect of our training in this manner, we must also be open to the inevitable reality of change and modifications in that knowledge base. Current treatment modalities may, in several decades, be viewed as archaic and treated in yet unknown manners. This process is exciting and captivating as we continuously strive for greater understanding of the human condition.

I am grateful that Tulare County Medical Society has provided for students to be able to participate and observe these meetings, not only for the deeply appreciated reprieve from studying, but to also have

exposure to a broader aspect of our chosen profession. This was especially evident through the presentations from the USC Keck School of Medicine Department of Urology. It was very eye opening to learn of some of the advancements the department is making towards approaching 3D imaging and robotic surgery.

My fellow classmates and myself are very fortunate and excited to be entering the field of medicine during this era of rapidly changing technological advancements. What seems impossible today may be standard treatment during our careers. This makes this profession a one of a kind as it always keeps you on your feet waiting for the next mystery to be revealed.

**THANK YOU TO  
THOSE WHO COULD  
ATTEND  
LEGISLATIVE  
ADVOCACY DAY IN  
SACRAMENTO!  
YOUR VOICE IS  
IMPORTANT**

Legislative Day, April 18th, 2018 *By Kunal Sukhija, MD*

All of us are familiar with day-to-day patient care. Some practice in a clinic or inpatient setting, whereas others heal in the operating room. But many forget that medicine also happens on the floors of the State Capitol.

Laws governing our way of practice are discussed daily amongst legislators. These laws have direct and lasting implications on how we deliver care to our patients. Increasingly, the “doctor-patient” relationship is becoming the “doctor-insurance-company-lawyer-legislator-administrator” relationship. I know for many of you this change is palpable in your day-to-day responsibilities.

Thus a *necessary* part of our practice is advocating for our patients in the eyes of the law. Every year the CMA sponsors a free event for all members, in Sacramento, as a way to bring physicians across California together and unite our voices. This April 18<sup>th</sup> marked CMA’s 44<sup>th</sup> Annual Legislative Advocacy Day and Tulare County Medical Society (TCMS) arrived ready to lobby our leaders! Initial CMA and TCMS legislative priorities included bills involving mental health, Medical reimbursement, scope of practice issues, and many others. However, early April delivered a legislative emergency that temporarily superseded the aforementioned.

AB 3087, Authored by Ash Kalra (D-San Jose), proposed a radical method of what ultimately amounts to price-fixing for non-ACA health plan reimbursement. Implementation would be devastating to California physicians and practices, to the point of driving physicians out of state purely to maintain a solvent practice. The medical students and residents made it clear as well – this bill imposes a monstrous barrier to new physicians looking to practice in California. Already with a critical physician shortage across our state, this bill is a highly irresponsible attempt to contain cost.

Proposed laws of this magnitude are not infrequent. Many of us remember Proposition 46 in 2014 (raising the cap on noneconomic damages medical liability lawsuits from \$250,000 to \$1.1 million) and SB 277 in 2015 (ending personal exemptions for vaccinations for children in California public schools).

Two game-changing pieces of legislation that required a behemoth physician advocacy effort. Legislators directly credit CMA’s Annual Legislative Day along with sustained advocacy as the reason their

minds changed on Prop 46 and SB 277. When they heard physician voices united towards a serious issue that put their constituents’ health at risk, they listened carefully. Indeed, we were similarly focused on April 18th this year. The offices of Assemblymembers Devon Mathis and Jim Patterson along with State Senators Andy Vidak and Jean Fuller heard TCMS loud and clear – AB 3087 is a dangerous piece of legislation that would twist the knife in an already hurting healthcare system. They all realized the gravity of the situation if 400+ doctors were willing to take time out of their incredibly busy schedules in order to travel to the Capitol to deliver a unanimous message. I urge all of you to become involved in healthcare advocacy. Join your local medical society, donate to the cause, and educate your colleagues



MEMBERS FROM TCMS POSE WITH ASSEMBLYMAN DEVON MATHIS AFTER DISCUSSING THE DETRIMENTAL EFFECTS OF AB 3087 AT CMA’S 44TH LEGISLATIVE ADVOCACY DAY



DR. MICHAEL SERNA, DR. CHRIS GOODWILL, DR. JERRY JACOBSON, DR. KUNAL SUKHUJA AND DR. AHMER KHALID

that this is as important as your bedside manner. As much as we rely on our stethoscopes, scalpels and prescription pads, perhaps our strongest tool is our voice.



## CMA's Legislative Day *By Rachelle Yellin*

My name is Rachelle Yellin, and I am a second year Osteopathic Medical Student from AT Still University Arizona stationed in Visalia, and I am excited and honored to be the new Tulare County Medical Student Representative. I am also very excited to be continuing my education in Tulare County, not only for the depth and diversity of educational opportunities, but, as I have family in the area, I value the community and family oriented atmosphere found locally.

I was fortunate to be able to attend the California Medication Association (CMA) Annual Legislative Day this past April 2018. The main focus of the event was to advocate to our legislative representatives our opposition of Assembly Bill 3087, the Health Care Price Relief Act. This proposed bill would create a committee of nine members whom would regulate, control and set health care costs based on a defined percentage above Medicare rates. Originally, the bill did not provide for physician representation on the board. However, after much opposition, they have allowed one committee member to be a physician. Data collected by a third party demonstrated that it costs more to keep a practice

solvent than provided by the income brought in through Medicare rates. Thus, if this bill were to pass, it would be very difficult for a practice to remain open and viable. As a medical student, I am opposed to this bill. As I will be graduating from medical school in debt due to large student loans, it will be essential that I am able to obtain an income that is able to pay back those loans and support myself and family. Passage of this bill would probably preclude this, and I would have to seriously consider relocating out of the state.

I am very passionate about working in this region as I have personally observed how difficult it can be for patients to get prompt attention as there are not enough providers. I have an uncle with Lewy Body Dementia whom resides in Kingsburg. As it can be a very rapidly progressive disease, it is essential that he can be seen by his multiple specialists on a regular schedule. Since he is on Medicare, he is limited in finding such physicians and must travel to Fresno for his appointments.

As he does not drive, it is difficult for him to get to and from these appointments. Even though this is very difficult on the family, I have seen the entire community become supportive and provide assistance. Whether driving him to his appointments or creating community boxing class to help with his physical therapy progression, his community performs as a united family with the same goal.

This is a major consideration in my choice of where I would want to work. A community focus. Regardless of the advancements in medicine and technology, there will always be loss and sadness. That is just part of life. But these bumps in the road are a lot easier to overcome with the help of a supportive community. I want to be a part of this community family. I want to be able to provide to those whom

deserve unhindered access to healthcare. There is a large shortage of physicians in this area and many providers will soon be retiring, causing the gap for physicians to grow even larger. I would be honored to be able to practice in this community, but if Assembly Bill 3087 were to pass, it would be difficult to provide for both my personal family as well as community family.

I am very thankful that TCMS allows students to express their opinions on the current state of healthcare. As students, we know we have much to learn, however it is encouraging to realize that our voices and opinions are still heard. This level of collaboration is frequently difficult to find in medicine, but again, this speaks to the importance of team work and community that is present in Tulare County. Everyone's voice matters, regardless their title, and we all have the same goal of helping and giving back to our community.

### California physicians overwhelmingly oppose price fixing bill

A recent survey of 398 California physicians conducted by CMA found:

- 92 percent opposed AB 3087 (6 percent undecided, 2 percent in support).
- 58 percent believed AB 3087 would force them to leave California and practice elsewhere.
- 39 percent believed AB 3087 would force them into early retirement.
- Only 5 percent believed AB 3087 would have little to no effect on their medical practice.
- Of the 79 percent of respondents who currently serve Medi-Cal patients, 64 percent believed AB 3087 would force them to decrease the number of Medi-Cal patients they serve.

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## *Finding a Balance, Physician Burnout (PB)* By: Luis Velosa M.D

In the previous newsletter I mentioned while in our medical practice occasionally “a strong inner voice telling us I can’t do this anymore”, it is an internal warning that we all must pay attention, otherwise signs and behaviors slowly began to creep in as a manifestation of physician burnout (PB). On the other hand, we all know and have the understanding that activities and responsibilities of being a physician are always stressful, furthermore we also understand that swimming in such a demanding health-care system, we are drained by dozens of additional stressors that have nothing to do with our clinical activities.

If stress is inevitable, I would like to suggest that normal stress in physicians - if there is anything normal - can be defined in situations during our multiple clinical activities in which we are drained and still able to recover; whereas physician burnout takes place when we are drained but not able to recover.

PB manifestations evolves slowly and progressively in three successive stages. First comes the fatigued, weary and dog-tired physician. Feeling tired and beat is the most common fear we inherit, starting in Medical School, following in our Residency training and culminating in our practice. We just can’t believe it; we are tired, exhausted; it should not happen to us; we brag of our limitless fund of energy, feeling tired is not part of our design, we do not suppose to be so depleted of energy, we need the drive, the vigor to function and compete, our mental energy is essential... and now, we are exhausted!

The second phase of PB begin to sneak on us; our style and demeanor that defines our personality and reputation as a good and caring Doc changes, everybody in our office, including patients and our family noticed this shift in our disposition, we look fatigued, the caring smile disappear, patients shared the worries to the staff asking if there is something wrong with the doctor, “he or she looks so sad and worry or angry”.

His caring and compassionate manner is gone.

Finally, the third and most unsafe stage arrives: his or her clinical judgment erodes, and neglectful clinical behaviors may destroy him or her as well as their clinical practice.

Let’s not underestimate this process, it may happen to us. It is real, it is not fantasy. It happens in any specialty regardless of how strong, solid, durable and robust we think we are. Let’s face it, to be a Doctor your self-concept must be very high.

Every morning, we physicians, we leave our residence, our people, our family, to interact and be involved in our clinical undertakings, and every morning we wish for a predictable smooth working day; but we know in a busy practice of a “real good doctor” -which we all are- it seldom or never happens.

Our day is plagued by unexpected happenings, a land mine that we walk across during the day. Unique land mines such as: one or two more cases added to the already full schedule, one or two walk-ins, a disgruntled patient about an issue totally unrelated to our practice and many more serious land mines that on a daily basis can cover our practice, some days more than others. We smartly avoid them or decided to step on it- we do not have any choice- imploding internally and consuming lots of mental energy.

Returning in the evening after such a long hours we questioned ... Why am I so tired? I am so wasted, I do not have any energy to deal with my people at home, people I love and care. I love my profession, but I am hating my job. I can’t do this anymore.

This is the beginning of Physician Burnout and we need to stop this spiral down process. We need to recognize we are not superhuman creatures rather as fragile as any other human beings, just like our patients. We need to be proactive and put an end to this dysfunctional process that is threatening our profession.

The prescription of recuperating your zest, your drive, your vitality rests in

finding a set of mental and physical activities that emotionally and physically recover our balance, refuel our drive, prepare us fully to handle the stresses at work and return home with enough oomph to give and share activities with our most important people.

This column therefore is dedicated to describing and discover those activities, one set of activities tailored for our minds, and another tailored for our bodies. For our minds mindfulness meditation, including yoga which in my belief is a meditation in motion will help our troubled and stressful mind and for our bodies, plain physical exercise will bring up a very good sense of well-being.

Briefly, despite the fact we are inundated in the communities with gyms and social media and television programs describing all kinds of exercise programs, we sustain the belief that we, because we are so busy we do not the time to put shorts and tennis shoes and jump and sweat and suffer. That is what exercise is all about, to increase our heart rate, to sweat profusely and to feel that our muscles regardless of how weak, feeble and pathetic, are alive, contracting and getting stronger. To master an exercise program, we only need to have consistency and discipline and we have copious amount of those skills, they allow us to navigate through, medical schools, residency training programs and daily medical practice.

Mindfulness meditation has been sold as a very unique and especial activity and is the opposite, meditation is a very simple activity; what is hard is to incorporated this simple and powerful technique in our western, competitive, active and executive mentality.

In mindfulness meditation we eventually tame our brain activity, our amazing and active prefrontal lobe has to take a hike, it has to leave us so we can be aware of the amazingly silent and peaceful state of mind.

In the tropical country I was born and raised I remembered being totally mesmerized to see the lizards, standing totally still, not one single movement and not a

single thought- I perhaps believed lizards had the ability to think- for a very long time; but then after a subtle movement or sound they immediately come back to reality.

When we practice and master mindfulness meditation we can acquire that ability, the ability to stay still as a lizard and stop, stop our thinking, stop our worries, stop our duties and stop everything else. Our brain only becomes aware of our own self. We go inward... and not only everything outward becomes superfluous but also by meditating we watch, understand and listen our true self; we are able to grasp the reality of our life. In future writings I will make also an effort to write about the intricacy and complexity of this simple technique.

The homework on this article:

*Sitting down, with your eyes closed or open, alone, in your office or at home, throughout the day, just stop everything and become aware of your breathing. Thoughts and feeling about your breathing only, nothing else. Do it for a few minutes or even for a few seconds and do not try to change anything at all, just breath and let go. Give yourself permission to allow this moment to be exactly as it is, and allow yourself to be exactly as you are.*

Luis H. Velosa M.D., Psychiatrist  
Chairman of the Well Being Committee of the TCMS



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### *AB 3087 Would Drive California's Physicians Out* By Katherine Boroski, Communications Dir. CMA

AB 3087 also ignores the recommendations from the University of California, San Francisco's [report](#)—commissioned by the Assembly—on how to achieve universal access to health care, which includes implementing a comprehensive strategy to overcome the physician workforce shortage in the state by removing barriers that prevent physicians and other clinicians from specializing in primary care and practicing in underserved areas.

Currently, six of nine California regions are facing a primary care provider

shortage, and 23 of California's 58 counties fall below the minimum required primary care physician-to-population ratio. The state needs 8,243 additional primary care physicians by 2030—a 32 percent increase.

"AB 3087 would cause an exodus of practicing physicians, which would exacerbate our physician shortage and make California unattractive to new physician recruits," said Dr. Mazer. "When I look at the economics of my own practice, it's enough to tell me that I could not survive that environment and con-

tinue to see Medi-Cal patients. And probably at this stage of my career, it would drive me out of practice earlier than I might otherwise."

The bill also operates on the false premise that the cost of professional services—in other words, what physicians and hospitals charge for their services—is what's behind the increase in health care spending in California.

TULARE COUNTY MEDICAL SOCIETY

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*The Tulare County Medical Society is a professional association representing physicians from every medical specialty and practice setting. TCMS is at the forefront of current medicine, ensuring that its members are represented in the areas of public policy, government relations and community relations.*

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### Did you know of this TCMS Benefit? Physician's Assistance Program

More than half of physicians felt emotionally exhausted and ineffective.  
More than half also said that work was less meaningful.  
("Burnout Increasing Among U.S. Doctors" Washington Post—12/08/15)

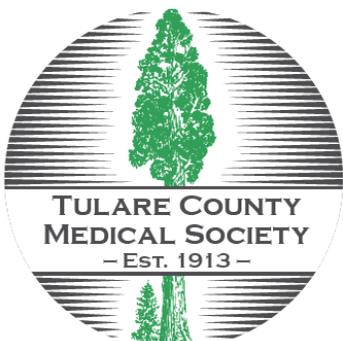
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